Congressman Tom Latham

Testimony before the House Veterans' Affairs Subcommittee on Health

April 26, 2007

Mr. Chairman and members of the Subcommittee, I am honored to have the opportunity to testify before you today regarding H.R. 1426, the Veterans' Access to Local Health Care Options and Resources Act, known as the VALOR Act.

I introduced this legislation in response to growing concern expressed by veterans in my district regarding access to VA health care. Veterans who live in rural parts of my district must travel long distances to VA medical facilities to receive the health care promised to them. Often times they have to wait months for an appointment. They are frequently forced to give up a full day, sometimes in fragile condition, to travel for care. Despite the remarkable improvement in the quality of VA health care during the past decade, the fact remains that not all America's veterans have equal access to these services.

One example of this inequity is the story of a Vietnam Army veteran from Fort Dodge, Iowa. This recipient of the Bronze Star is service-disabled, and he estimates that he has made the four hour round trip from Fort Dodge to the VA Medical Center in Des Moines more than 100 times over the last three years. Because he cannot drive, he relies, like many veterans, on a shuttle graciously provided by one of the veterans' service organizations, which takes up to 10 or more veterans to Des Moines at a time. Since they have to wait until the last appointment to return, the trip takes an entire day, starting at 5:00 am and returning late in the evening.

Countless similar cases have been reported to me by veterans in my district. This situation leads me to ask the question, "Can we really say that we are providing 'top quality' care for our veterans when so many have limited access to it?" Out of nearly 8 million veterans enrolled in the VA health system last year only 5 million veterans actually used VA health care. Recent reports show that the VA health care system continues to match or outrank private-sector health care in overall quality and consumer satisfaction. Out-of-pocket costs are extremely low, particularly for service-connected veterans. So why are less than two-thirds of the veterans enrolled in the system actually using it? I believe that access problems account for a great deal of this disparity. For millions of veterans, VA health care is simply not readily accessible, especially in rural areas.

VA-funded research conducted by Dr. William Weeks and his colleagues from the VA Outcomes Group highlights the urgent need for action to increase health care access for our rural veterans. This research supports the conclusion that, compared with their urban counterparts, rural veterans have a higher prevalence of mental and physical health problems, but the least access to VA health care.

I am concerned that this disparity will continue to grow over time unless we do something to stop it. First, rural residents are overrepresented among veterans. The VA Outcomes Group found that 22% of veterans are rural, compared with 14% among the general population.

Furthermore, rural veterans are overrepresented among those serving in Iraq and Afghanistan, due to increased use of the National Guard and Reserve units. These units are often dispersed in rural areas, far from large urban centers or concentrations of veterans where VA facilities tend to be located. As I previously mentioned, rural veterans are already more likely to experience health problems. With large numbers of these veterans returning from combat, the need for VA health care in rural areas will increase dramatically in coming years.

The VALOR Act aims at meeting this need by providing veterans with an option to receive care they would otherwise be eligible to receive in a VA facility, at a local hospital or physician's office. To provide this option the legislation builds on the existing VA system for contracting with non-VA providers known as fee-basis care. The VA already has specific statutory authority to contract with non-VA facilities for medical care, but it is subject to a number of restrictions that limit its use.

The VALOR Act would require an expansion of fee-basis care to allow greater access to VA funded health care in local communities. Under the bill, covered services include hospital care, medical services, rehabilitative services and preventative health services that a veteran would be eligible to receive at a VA facility. It also clarifies that VA drugs can be obtained with prescriptions written by contracted providers.

In region 23, which includes Iowa, the VA already spends roughly 10 percent of its regional health care budget on fee-basis care. The fee-basis system is already in place, and I believe expanding this system would be a very practical way to address the rural access problem. I understand that some are concerned about ensuring quality of care for veterans in expanding fee-basis. I would answer that access to care is a key component of quality, which is currently lacking for many rural veterans.

I also understand there are concerns about the integrity of VA medical records for veterans moving between VA and non-VA providers. This is one of the issues being addressed in the VA's Project Hero demonstration programs. It is not an insurmountable problem, and I applaud the Chairman for including in his draft rural health bill a provision specifically establishing a health information technology pilot program to examine ways to improve quality of care for veterans who use fee-basis care.

I know that many of my colleagues representing rural districts share my concerns about access to care for veterans. I applaud Jerry Moran and Steven Pearce for also bringing legislation forward that would allow veterans to get care closer to home. I ask Members of the Subcommittee to carefully consider H.R. 1426 and I look forward to working with you to improve access to health care for our rural veterans.